

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39307

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City St Louis (d) Street No. 4442 N. Taylor Av. Registered No. 10294  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4442 N. Taylor Av. St. 9  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWED OF (OR) WIFE OF James H. Antram  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 - 1884  
7. AGE YEARS 52 MONTHS 11 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. House Work  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis  
13. NAME John Roeben  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.  
15. MAIDEN NAME Anna Feldhaus  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger.

17. INFORMANT James Antram  
(ADDRESS) 4442 N. Taylor Av.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE Nov. 8

19. FUNERAL DIRECTOR Bromberg Bros. Co.  
(ADDRESS) 4741 N. Elm St.  
20. FILED NOV 5 1937 St. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1937  
22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to Nov 4, 1937.  
I last saw him alive on Nov 4, 1937. Death is said to have occurred on the date stated above, at 6:40 P. m.  
The principal cause of death and related causes of importance, were as follows:

cerebral hemorrhage Date of onset 2 day  
Other contributory causes of importance: Hypertension 2 yr.  
hemiplegia left 2 yr. ago  
Results of cerebral hemorrhage  
Name of operation ..... Date of .....  
What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) Arthur S. Sussman M. D.  
(Address) 2702 University St.

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Guy W Wilkinson

Licensed Embalmer No. 3575

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**